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CONFIRMATION NO. 6392

<b>SERIAL NUMBER</b> 10/705,713	<b>FILING OR 371(c) DATE</b> 11/10/2003 <b>RULE</b>	<b>CLASS</b> 436	<b>GROUP ART UNIT</b> 1743	<b>ATTORNEY DOCKET NO.</b> RDID 02106US (WP21455)	
<b>APPLICANTS</b> Guenter Frey, Ellerstadt, GERMANY; Norbert Ladiges, Bruehl, GERMANY; Siegfried Noetzel, Wilhelmsfeld, GERMANY; Bernd Roesicke, Mannheim, GERMANY;					
<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b> GERMANY 102 52 223.5 11/11/2002					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/06/2004</b>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Allowance</i> Examiner's Signature <i>PSH</i> Initials		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> Brent A. Harris Roche Diagnostics Corporation Bldg. D 9115 Hague Road Indianapolis, IN46250					
<b>TITLE</b> Device for separating and discharging plasma					
<b>FILING FEE RECEIVED</b> 918	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		